

# JOURNAL OF THE National Medical Association

THE EDITORS ENDEAVOR TO PUBLISH ONLY THAT WHICH IS AUTHENTIC, BUT  
DISCLAIM ANY RESPONSIBILITY FOR VIEWS EXPRESSED BY CONTRIBUTORS

VOL. XXIII.

JULY - SEPTEMBER, 1931

No. 3

## THE INTER-RACIAL COMMITTEE OF MONTCLAIR, NEW JERSEY

### REPORT OF SURVEY OF HOSPITAL COMMITTEE

Rev. Edgar Swan Wiers, Chairman

Dr. John A. Kenney, Vice-Chairman

Mayor Charles G. Phillips, Honorary Chairman

By Dr. JOHN A. KENNEY, Chairman

### ORDER

1. Our Object.
2. Introductory and Report of Survey.
3. Statistical.
4. The Survey of Essex County Hospitals.—  
(Radio address.)
5. Examples of Negro Advancement in Science.
6. Examples Showing Need of Hospital Service for Negroes.
7. Precedents For the Service of Negro Doctors, etc.
8. The Kenney Memorial Hospital. (In Radio address.)
9. Conclusions.

### HOSPITAL COMMITTEE REPORT.

#### Our Object.

1. To show that there is inadequate hospital provision for the Negro race.
2. That this is partially responsible for the high morbidity and mortality rates among us.
3. That there is in some form, in practically all sections, discrimination against the patients of the Negro race, and more extensive discrimination against the Negro medical profession.
4. That the Negro race can present members that are intellectually, scientifically, and professionally equipped for service in the public hospitals.
5. The presentation of examples to show that the procedure is practical.
6. That the development of hospitals by and for the race are not only desirable, but absolutely necessary for patients and the profession too.
7. That there is need of such an institution in this section.

#### Introductory and Report of Survey

Our instructions were to find out and report the facts concerning the hospitalization of the colored population particularly in Montclair, and

next in adjacent territory. It was the further suggestion of the chairman, Dr. Weirs, that we ascertain what is being done in this connection in other places and parts of the United States. We make our presentation only as a preliminary report. It is far from complete.

I have a very personal interest in the investigation, which has animated me for the work. There are two distinct and different attitudes between the colored people themselves on the hospital question. One group favors Negro hospitals, the other opposes such institutions. Those who oppose Negro hospitals take the position that there is no need for them; that such institutions encourage racial discrimination and segregation,—that Negroes are no different from other peoples, and that we should use every ounce of energy we possess to gain access to the existing institutions. Thus those who are able to do so and who might be favorably inclined to assist the Negro hospital program are at times undecided by reason of lack of unanimity within the race. Recognizing this serious handicap, as exemplified in New York City, last winter, I have hoped to be instrumental in helping to find a middle ground on which these two distinctly opposite groups might harmonize their differences.

I am a conservative,—perhaps considered by some as ultra-conservative. I have contended that race hospitals are needed north and south. There are many good people of the radical group. This group killed a Negro hospital movement in Boston two years ago. They did the same thing in Cleveland. They are to be reckoned with. We need them.

In the south the question settles itself. For the next century at least, it is Negro hospitals or none. It is because of this accepted attitude that the hospital program has gone forward with much greater strides in the south than in the north.

We felt that it would be a good thing to get the crystalized sentiment of one hundred physicians in various parts of the country. To that end one hundred questionnaires were mailed out. We have not been able to tabulate all the answers but we felt that the answers to questions 3, 4, 5, 6, 7, 8, 19 and 20 would help largely in determining the existing sentiment. Of the seventy-eight who answered questions 3, 4, 5, 6, 7, 8, 19 and 20 we give the following tabulated results:

Number 3. Are Negroes admitted to hospitals on the same basis as whites? Thirty-three answered "yes." Forty-five answered "no." Thirty-nine of these lived in the north and thirty-eight in the south and one in the far west.

Number 4. Are the existing facilities adequate? Thirty-four answered "yes, for patients." Forty-four answered no. Thirty-nine of these answers were from the north, thirty-eight from the south and one from the far west.

Questions 5, 6, 7, 8 have to do with acceptance of Negro doctors in the general hospitals, both publicly owned and semi-private for practice on their patients. Four answered that conditions were satisfactory. Sixty-two said "no". They were not permitted to such privileges. Twelve answered somewhat indefinitely, showing that in some instances they were admitted to courtesy privileges with a staff position here and there. Thirty-nine of these answers were from the north and thirty-eight from the south, and one from the far west.

Question 19 seeks to learn whether the doctors endorse a program of hospital construction for the Negro race or favor efforts to get admission into the existing institutions. Forty-nine favored the development of Negro hospitals. Nine opposed, and twenty favored both a program of Negro hospitals building for the race and at the same time seeking opportunities in existing hospitals. That gives us sixty-nine out of the seventy-eight who answered who do favor Negro hospital construction. Of this number forty-four have residence in the north and thirty-four in the south. Of the twenty who favor both propositions seventeen have residences in the north, one in the far west, California, one in Virginia and one in Atlanta and two in Washington, D.C. Of those in the north, nine live in New Jersey, two in New York, one in Pennsylvania, one in Chicago and three in Boston.

Question 20, referred to the color of the hospital staff. It is interesting to note that those answering regardless of the section of the country are very nearly unanimous in their choice of a mixed staff of white and colored physicians—seventy for and eight against. Only one of the eight was directly opposed to whites. The other seven were opposed not to white physicians but

to the principle of Negro hospitals.

The response to the canvas has been very gratifying. Forty-seven answered the first communication. Fifty-three follow-up letters were sent out bringing thirty-one more replies making seventy-eight in all. This is very unusual, and reflects the general interest throughout the nation in this hospital question.

The questionnaires were sent into twenty-four states. Twelve were sent to southern states and twelve to the north and west.

#### Statistical.

The population of the United States according to the latest census reports is 122,775,000. The Negro population is nearly 13,000,000 or just about one-tenth of the whole. The number of physicians for the entire population is 83,000, making one physician to each 1,400 persons. The total number of Negro physicians in the United States is between thirty-five hundred and four thousand making one physician to each thirty-two hundred of its population. The number of approved hospitals in the United States according to the 1930 survey is 6,719. The non-approved is 540, making a total of 7,259 hospitals with a hospital bed capacity of 9,555,869 or one hospital bed to each 137 of the population. The total number of hospitals expressly for the Negroes is around 225, furnishing one hospital bed to each 1,941 of the Negro population. According to Dr. B. C. H. Harvey, dean of Medical students of the University of Chicago, the Negro medical students in the north are about one in thirty thousand of the colored population while as for the total population the ratio is one in six thousand. He further shows that there are about five times as many white doctors for the white people as there are colored doctors for the colored people.

The health standard of a people is judged very largely by its hospital status. Measured by the above means you are prepared to be told that compared with the white race as a whole the Negro health standard is low. The Negro mortality rate is given as about thirty per thousand. The mortality of Negroes in the cities of the United States has been given as one hundred and eighty per cent of the mortality among the whites. In Chicago in 1928 according to Dr. Harvey the mortality among the Negroes was 26.25 per thousand while among the whites it was 12.53 per thousand. More recent statistics place the Negro rate at 26 per thousand and whites around eleven per thousand. Statistics along this line in general show the death rate of the Negroes to be as much as two, and in some instances three and four times that of the whites. According to United States Life Tables of 1920 the expectation of life for

whites was fifty-five years and for Negroes forty-one years.

These figures would indicate that there is a very high Negro morbidity and mortality rate and that there is necessity for concentration upon efforts to improve the Negro health conditions.

It has been shown that 450,000 Negroes are seriously sick all the time. The cost of this illness is \$75,000,000 a year and that sickness and death cost annually \$100,000,000 and that one-half million more is lost annually in wages because of illness and that a billion dollars is spent yearly in medicine, most of which is for patent medicine.

There are 664 hospitals approved by the American Medical Association for 5,584 internes per year. There were 4,565 medical graduates in 1930. Thus there were 1,019 more positions for internes than there were graduates to fill the places.

On the other hand for the Negroes we have about 80 to 90 internships available per year with an average of 117 graduates in medicine annually thus showing a deficit of some thirty-five or forty internships for the Negroes against a surplus of 1,019 for the whites.

#### Radio Address

by Dr. John A. Kenney

on "The Hospital Facilities for Negroes in Newark and Essex County, N.J."

over Station WNJ, Friday evening, June 5, 1931

#### "To Our Radio Hearers:

"I plead the cause of America's Tenth Man: confining my remarks on this occasion to his inadequate hospital facilities, and indirectly and directly too, as a consequence, his high morbidity and mortality rates.

The Negro race furnishes one-tenth of the population of the United States, but has provided for them one-thirtieth of the hospital space. For the whites there is one physician for every fourteen hundred of the population; for the Negroes, one for every three thousand of the population. There is one hospital bed for every one hundred and thirty-seven of the entire population, but one bed for every one thousand nine hundred and forty-one of the Negro population. There is one medical student to every six thousand of the people, but one Negro medical student for every thirty thousand of the Negro population. There are five times as many white doctors for the white population as there are Negro doctors for the Negro population.

"Is it not then quite natural to expect that with our hospital facilities so sadly neglected, which is only an index of our other health activities, that we should have a disproportionately high sickness and death rate as compared with the whites?

"The life expectancy of the white race is fifty-

five years, while that of the Negro race is forty-one years. 450,000 Negroes are seriously sick all the time. This figure does not include the much greater number who are always just a "leettle" sick, or only "tolerable, thank you." Sickness costs the race \$75,000,000 per year, and deaths \$25,000,000 more. A half million dollars is lost annually in wages because of sickness and a billion dollars is spent annually by the race for medicines; most of which is for patent medicines.

"These figures would indicate that there is a very high Negro morbidity and mortality rate and that there is necessity for concentration upon efforts to improve our health conditions.

"Members of my race are dying two, three and in some instances, and with certain diseases, even four times as fast as the white race. But even at that if any of my hearers believe there is any likelihood of the race dying out just go up into the Harlem district of New York at church time on Sunday morning or at the time of the grand promenade Sunday evening as I had the privilege of doing last Sunday, or to bring the observation closer home, go into the Hill District of Newark, and scant satisfaction will come to those who desire to settle the race question by that means.

"I would not have my audience think that nothing is being done to offset these unfavorable conditions. A great deal is being done in all parts of the country, and no group is doing more than the Negro himself to aid the program. It is not an intra-racial problem, but an inter-racial affair, for matters of health can not be kept segregated. Time will not permit me to even mention the extensive health program developing for and by the race.

"I have been asked to speak on hospital facilities for the Negro race in Newark in particular and I'll take the liberty to extend my observations to cover Essex County. Working under the auspices of the Hospital Committee of the Interracial Committee of Montclair, I recently mailed a questionnaire to each of the twenty-five hospitals in the county in order to have first-hand information concerning their practices regarding Negro patients, doctors, internes and nurses. This was done in an effort to determine the necessity for a hospital for our group in this section. Thus far we have answers from nine hospitals. We have also questioned formally about twenty-five colored physicians in this section. The answers from the nine hospitals and from fourteen physicians indicate that practically all the hospitals furnish ward service to Negro patients. Very few (two of those who answered) will admit Negro patients to semi-private or private rooms. None admit Negro doctors to their visiting or to their courtesy staffs and only two indicated that they might con-

sider applications to the courtesy service. None have Negro internes. Only one indicated that the question of Negro internes would be at all considered. None have or would even consider the question of Negro nurses, either as pupils or as graduates in service, or for private patients.

"Thus I reiterate the statement I made a year ago that there is no hospital in the state of New Jersey that admits Negro doctors, internes and nurses. There are some twenty Negro doctors looking after the professional needs of the thirty-nine thousand Negroes in Newark, and not one of them has any hospital connection. There are some fifty Negro doctors in this North Jersey area and only one (in Jersey City) has any hospital official connection.

"Why is it that white physicians, internes and nurses with centuries of culture and medical lore as a background need hospitals for their development and to keep them abreast of modern medicine, and Negroes do not? It is a compliment to which we are not entitled to assume that we have so much native ability that we need no such cultivation.

"In the face of these facts we wonder if members of our race, ostrich-like, still hide their heads in the sand and say we do not need hospitals? Some argue that we are citizens, and tax payers; that we contribute to the public and semi-private institutions and to the Community Chest, and that instead of developing institutions of our own we should demand recognition from the other institutions. That position is all right but there is just one vital weakness about it. It is illustrated by the episode of the little Ford runabout contesting the right of way with the big truck. When the driver of the Ford emerged from what was left of it he called to a farmer who saw the near tragedy: "Say, didn't I have the right-of-way?" The farmer adroitly answered, "Yeah! mebbe you did, stranger, but he had a five ton truck."

"My platform is definite and concise. Since we are citizens, voters, taxpayers, and contributors, untiring, never-ceasing, sane and sensible efforts should be made to get representation for qualified members of our group into the existing public hospitals. But since such a program will very necessarily be slow, and as an aid to it and to that larger group who will never come directly under its benefits I recommend that we develop a community hospital, supported by ALL the people. While the basic idea of such a hospital will be for our group, it should serve any and all peoples, and should have a mixed board of white and colored citizens and a mixed staff of white and colored physicians and surgeons.

"With such a hospital, members of our race who desire them will have private and semi-private

rooms as well as ward service and their own select physician to treat them. Our physicians, internes and nurses will have hospital development where they can fit and prepare themselves for the possibilities of representation in the public hospitals. Such a program will immediately begin to get us somewhere, but if we continue to sit on the stool of do-nothing like the deluded hen on the nest of china eggs, we will accomplish nothing. Demands without the power of enforcement get very little. I believe that an earnest well meaning start on the above program by ourselves will enlist the support of the white community to the extent that it will go over. This appeal is to both races.

"You will be interested in knowing that a group of twenty physicians have endorsed the plan of a community hospital starting with the Kenney Memorial Hospital as the first unit. A group of representative colored citizens is to be called upon with the object of getting the people as a whole interested. Some people make the mistake of thinking that the doctors are the beneficiaries of the hospitals when it is the public who benefits the most. Were it not for the public there would be no hospitals. Doctors are essential in their make up of personnel for serving the people through the hospitals, but the hospitals are for the people. We want to get the public interested and when they are aroused sufficiently the program will carry.

"When I said above there was no hospital in the state of New Jersey to which Negro doctors could carry their patients and treat them I was discounting the Wright's Sanitarium and the Kenney Memorial Hospital, private.

"In an effort to help meet the hospital deficiency I opened the Kenney Memorial Hospital with thirty beds in Newark in 1927. To date we have treated 2023 in-door patients. Five hundred and four of these were operative patients. One hundred and eleven were maternities. We started an Out-patients Free Clinic in November 1929. We have treated there two hundred and twenty-six patients with five hundred and fifty-three visits. Nearly fifty per cent of our work is charity or semi-charity, for comparatively few of our patients can afford to pay full rates. All physicians of the North Jersey Medical Society have full use of our hospital, and some others by courtesy.

"To carry our institution is quite a burden on one individual. We are not subsidized from any source whatever. While we have given to the limit of our means and resources we have never asked for a penny. Our only income is from our patients, with the one exception of our Women's Auxiliary which supports two charity beds in our hospital, and which is a pillar of strength in our

efforts. This is a most unusual body which now numbers two hundred women, loyal to the core and helpful and sustaining in every proposition which I have submitted to them.

"If we close this hospital there is no hospital to which the local Negro doctors may go to look after their patients. The fact that of the 2,032 patients which we have treated in our hospital, 314 of them were brought or sent in by fifty-three physicians, white and colored, is evidence that some of the physicians appreciate the service of this little hospital, and that this may be taken as an encouraging index of what there will be for a larger or community proposition.

"These facts and figures are given without animus, bias or feeling, but as a straight-forward honest presentation of existing conditions affecting the comfort, health, and longevity of the Negro citizens of this commonwealth.

"In every community, north, south, east, west, there are some straight thinking, clear visioned men and women of both races who are willing to face inter-racial injustices and give of their influence and their means to bring about more favorable conditions.

"I have faith that Newark and Essex County are no exception to the rule and I appeal to this group to relieve the situation here."

#### Examples of Negro Advancement in Science

Competency and not color or social caste should be the criterion. One of the foremost scientists and agricultural chemists is Dr. George W. Carver of Tuskegee, a Negro.

We call your attention to the fact that in many instances members of the Negro race figure prominently in literature, in scientific and professional accomplishments, without their racial identity being known. As a few outstanding examples we call attention to the fact that Daniel H. Williams, M.D., of Chicago, a Negro surgeon, was the first to successfully stitch the heart of a living human being.

No one not knowing Julian Lewis, assistant pathologist to the Chicago University, when reading his scientific productions would think of him as a Negro.

When we read of the Wassermann, Kahn, and Hinton Tests, for syphilis, very few of us know that Hinton is the William Augustus Hinton, a Negro doctor, and pathologist for the State of Massachusetts. In a letter from him a few days ago he apprised me of the fact that he is to bring out a book on pathology. Quite recently I saw his name in medical literature in connection with an original investigation and reaction for tuberculosis.

In volume twelve number five, of the Venereal

Disease Information, issued monthly by the United States Treasury Department Public Health Service, Washington, page 242, is a comparison of the Hinton, Wassermann, and dark-field examinations in primary syphilis in seventy cases, in which the Hinton Test was positive in seventy-four per cent of the cases; the Wassermann in forty-nine per cent, the darkfield in fifty-six per cent and the Kahn in sixty per cent, thus making, according to these studies, the Hinton Test take precedence over and above the rest, including the dark-field examination.

Dr. W. Harry Barnes, of Philadelphia, is chief Oto-laryngologist to the Douglass Hospital, Consultant to the Mercy Hospital and Clinical Assistant Oto-laryngologist to the Jefferson Hospital, Philadelphia. He is a graduate of the University of Pennsylvania. In addition to his studies in Philadelphia he did post-graduate work for four months in Paris and Bordeaux, France. In May, 1926 he demonstrated at the meeting of the Philadelphia Laryngological Society an instrument which he had invented to facilitate approach to the pituitary gland in his operative work. He has also improved upon some other existing surgical instruments and invented others in his field. Dr. Barnes is a highly proficient specialist in his line. Having studied under Chevalier Jackson, the noted bronchoscopist, Dr. Barnes is, himself, especially proficient with the use of the bronchoscope.

A few months ago at the Montclair Musical Festival we were treated to some splendid amateur productions, but I think I am not exaggerating when I say the number which made the deepest and most lasting impression on that music-loving audience was by a black boy.

One of the leading psychistrists in the state of Massachusetts, a man whose name perhaps is more widely known in mental disorders than any other in the state, is Dr. Samuel Fuller, a Negro who is also employed by the state in one of its institutions.

Some of our young men were trained by him for the U. S. Veterans' Hospital at Tuskegee.

And here is another instance worth relating. One of the biggest arguments against a Negro personnel for that hospital was that there were no Negro specialists in tuberculosis and phychistry. Today that hospital receives high rating by the Bureau, near the top of the list, and it is manned from stem to stern by Negroes. Contributions from men of its staff frequently appear in leading medical literature and certain individuals have been elected to membership in exclusive scientific societies.

### Examples Showing Need of Hospital Service for Negroes

Some years ago when I was at Tuskegee Institute a woman called on me because she was in need of operative treatment. The lady for whom she worked wanted her to go to another city for the operation and offered if she would do so in the service of a certain surgeon that she knew, this lady would defray all the expenses. The patient went to this city to investigate conditions and it so happened that the day she visited the hospital a colored female patient had been operated on in the operating room of the main building and in the process of transferring her while still under ether from the operating room to a little building in the back yard of the hospital she was left lying on her stretcher in the yard. When this prospective patient saw this she returned to Tuskegee for me to perform the operation saying that otherwise she would not have it at all. She thus properly declined her madam's offer. This condition is not at all unusual or out of the ordinary.

Dr. H. D. Dismukes, of Kimball, West Virginia, writes. "white hospitals allow no Negro doctors to practice in them or visit their patients in a professional capacity". . . . The Bluefield Sanatorium which he is now suing for breach of contract would take Negroes in, operate on them as quickly as possible, place them in an ambulance while still under anesthesia and take them across town to a Negro hospital to convalesce."

Dr. Carl G. Roberts, of Chicago, Ex-president of the N.M.A., in his contribution to the Hospital Number of the Journal, N.M.A., July-September 1930 states, "A few years ago a survey was made of the local hospital situation and it was ascertained that less than one per cent of the hospitals accepted or even tolerated Negro patients. This one per cent included the municipal and charity institutions, as well as the three colored hospitals. It was not an unusual occurrence for the victim of a serious accident to be denied first aid at the nearest private hospital, and to die while being transported over a long distance to the county institution. In a large Protestant hospital in Evanston, adjacent to Chicago, a colored woman was subjected to a laparotomy by a member of the staff. Before recovering from the anesthetic, she was carried out to the ambulance and transported across the city to a small colored sanitarium, because the hospital in question did not accept any colored patients in the rooms or wards. So distressing did the situation become, especially as to the denial of first aid to seriously injured victims of unavoidable accidents, that a law was passed by the state legislature compelling hospi-

tals to give first aid to emergency cases, regardless of race.

"The discriminatory tactics of the local hospitals added immeasurably to the difficulties of the colored medical student, curtailing his clinical opportunities and prohibiting his presence as an interne, with one or two notable exceptions."

In his hospital investigations in the south under the American Medical Association, Dr. A. B. Jackson found some very striking examples of this. We quote him as follows, "In one little city we visited, which presents a real typical condition which we find in the south, Negroes are placed in the basement of the white hospitals—if they have the money to pay for it,—and they have to hire their own nurse, as it is most unorthodox for a southern white woman to nurse a Negro." After describing several other humiliating conditions along this line and the pathetic efforts on the part of some of the Negroes themselves to produce hospitals of their own, while they were not fit educationally or financially to do so, he said, "the saddest fact is, in many instances were it not for these terrible misfits, as bad as they are, there would be no place where the sick Negro in need of institutional care could otherwise find shelter."

Another place called hospital he describes as, "just a dumping ground employed by white surgeons to drop Negro patients whom they operated upon on at the local white hospital, and shipped thereto in an ambulance while still under the effects of anesthesia." He further says, "this surgical crime we found committed throughout the south with such a degree of regularity that we began to accept it as a custom." He tells of an instance in which the daughter of a Negro president of a North Carolina College was injured in an automobile accident who was turned away from a hospital though she was torn, crippled, and bleeding. He speaks of many such cases with which they met, but put particular attention upon two others. One was in Arkansas where a wealthy Negro suffered a stroke of apoplexy. The man who rushed him to the nearest hospital looked like a white man, therefore, all arrangements were made acceptably for his admission, but when the transfer began and his identity was made known, he was refused and he had to be taken to a Negro hospital which was nearly one hundred miles away. The other instance was that of a farmer's wife stricken with appendicitis followed by rupture and peritonitis. The village white doctor wrote an urgent note appealing to the nearest hospital to operate on her at once. There she was carried but refused treatment. The next hospital was forty miles away. With his wife groaning with pains her husband carried her there. Here too they met the same fate. An hour later helped

by some strange men she was lifted from the truck and carried into a private home of some strangers where the next day she died.

There is just one other instance of this same kind of gross immorality that I shall cite which was reported by Dr. P. M. Murray, of New York. A Fisk University student, the son of Dr. George S. Moore, Clinical Director of the United States Veterans' Hospital at Tuskegee, in an automobile accident sustained fracture-dislocations of a neck vertebra with compressed spinal cord. This happened between Athens and Decatur, Alabama. In this terrible condition he was refused admission to any hospital in that territory on the ground that there were in the hospital no facilities for colored patients. After a wait of several hours an ambulance was secured and he was carried some thirty miles from Decatur and admitted to a hospital in Huntsville where his father said everything possible for him was done, but that death followed as a result of pneumonia from the exposure to which he was subjected after the accident.

It is a rather strange thing even in the north that if I get sick and apply for a bed in the general ward of some of the hospitals with white people I'll be admitted, but if I have saved money enough to give me a little more comfort and privacy in a room to myself I am told "no." I ask in seriousness and sincerity what is the special brand of psychology here? That actually goes southern practices one better. When I was riding on a Pullman through North Carolina and certain passengers objected to my presence the conductor offered me a private room. As I was well and strong and had no desire for a private room I thanked him but decided to stay where I was. That was in North Carolina.

It is paying us a compliment out of all proportion to our merits to say that the white nurses, internes and doctors need hospitals for their training and for their practice to keep them abreast of the times, but that Negroes have so much more intelligence and native capacity that they can practice the same system of medicine and surgery without it, that they don't need it. That would be a mighty fine compliment, if true.

One argument from the other side is that all the white doctors have not hospital connections. That is true, but those who are eligible, in the rotation of service, may get there sometime. With us the door of hope is shut into our faces. Listen to this: "Do you admit Negro doctors to your visiting or to your courtesy staffs?" "No." "Will you consider such admission, and if so under what conditions?" "No." However, we do not take such answers as final.

Fifteen per cent of these thirteen million Negroes are now in the northern states. When I

was in the south in 1920 I made a visit covering nine of the northern big cities. When I went back I gave it as my opinion that a very small proportion of that group would ever see Dixie again. I am of the same opinion today—eleven years after.

Since we are here to stay and by the processes of migration and natural development, for the Negro death rate, while high, is actually declining, will increase numerically, is it not far better that methods be found by justice, patience, tolerance, charity, and Christianity to iron out our little differences, and live and work together for the one common cause of protecting and developing our splendid country and all its citizens?

Two persons of prominence with whom I have discussed these matters have intimated or said that we are seeking social equality. If we were, I certainly fail to see how it could be considered a crime. But I said to them that we should not even raise that question. Let alone it will take care of itself. Certainly that boggy should not be used to dodge the issue at stake. It is not social equality, whatever that is, that we are even considering, but professional advancement and hospitalization for the members of our race.

Our Interracial Committee has been functioning nearly two years. I have heard of no social equality embarrassments, and don't expect to. I believe that each colored member of this group has too much self-respect to foist his or her presence upon any individual or group of individuals where not wanted, and I am sure that our white members know how to take care of themselves. The late Booker T. Washington used to tell his southern audiences that it was his experience that the people who made the biggest fuss about social equality, had little or none to lose. The sage has spoken. So it behooves us to be careful.

We seek opportunity to develop into the higher and better American life. There is no policy that can be called right, or just, or satisfactory that does not permit the fullest developments, of which they are capable, of all the faculties within them, to every man, woman and child.

We do not expect, nor ask that the doors of all the hospitals be thrown open immediately to all the physicians of our group, but we do seek representation, courtesy at least, for select individual doctors, in their particular fields, in the public hospitals. We are voters, taxpayers and citizens. We contribute of our mites to all the hospital drives. Personally I have contributed to the Community Hospital of Montclair, Essex County Homeopathic Hospital, Newark Post Graduate, and St. Michaels Hospital, and always to the Community Chest. The amounts are necessarily small but Christ said when the widow cast in her two mites that she had contributed more than all the

rest. The first public function I attended after coming to Newark was a program in the East Orange High School presented by the colored people for the Essex County Homeopathic Hospital.

The financial returns to the race or primarily to DePriest in Congress, Cobb on the municipal Bench in Washington, D.C., Toney and Watson, in New York, Lewis as ex-assistant Attorney-General of United States, are nothing as compared to the moral effect upon the race. These appointments give hope and encouragement to the boys and girls, and appreciative contentment to the adults. Race representation in our public hospitals would by professional contact greatly improve the Negro doctors who could in time pass it on to other members of the group, which would gradually raise our professional standards.

We take issue with those who say that such representation can not be given, because it has not been done. I have in my possession a copy of an official letter from the management of a City Hospital who also held that such mixing of the races was unthinkable, and yet it has been done there. We are living in a changing age. What seems impossible today is accomplished tomorrow.

#### **Precedents for the Service of Negro Doctors, Internes and Nurses in Public Hospitals**

An excuse that is frequently given anent the admission of race physicians to white hospitals is that white residents and internes will not take orders from Negro doctors and white nurses will refuse to wait on them. In practice this does not hold. It is my opinion backed up by personal experience and by practical examples, that if the management so directs it as a policy of the institution the residents and nurses will in the great majority of instances fall into line without any hesitation whatever.

In the Boston City Hospital there are now four Negro nurses, and in July a Negro interne will go on the service.

In Detroit just recently the mayor appointed three Negro doctors to staff positions in the City Hospital.

In Cleveland there has been a bitter fight for Negro representation on the staff of the City Hospital. The result is there is one Negro doctor on staff position at the City Hospital and one Negro interne to go on the service in July. There are seven Negro nurses in training and three graduate nurses holding positions in the City Hospital and there are in addition four graduate nurses on duty at the Charity Hospital and five city visiting nurses, also two sanitary policemen.

At the Lakeside Hospital there are six Negro doctors employed as follows: One as assistant Neurologist, another assistant Genito-Urinary

Surgeon, another in the Ear, Nose and Throat Department, one in the Eye Department and one as assistant in the Department of Diseases of Children and one in the Tuberculosis Clinic. The latter part of March, I visited Cleveland and Chicago in the interest of this investigation. I spent nearly two days in Cleveland and several hours in connection with the University Hospital Clinics, particularly The Genito-Urinary Clinic where Dr. Garvin officiates. There were about fifty-five patients at his particular clinic, seventy-five or eighty per cent of them white. The white nurses, orderlies and social workers as well as the patients seemed absolutely contented in his service. What is of far greater importance was the eagerness which I witnessed on the part of the white senior medical students from Western Reserve University to get training and information from him in his specialty. In fact there was nothing to indicate that there was any such thing as a color question.

I spent part of two days in Chicago getting information concerning hospital conditions for our people there, with particular reference to the New Provident Hospital arrangement by which this institution becomes allied with Chicago University. More than three millions of dollars have been provided for a bigger medical school and hospital arrangement, with the teaching staff under the control of Chicago University. It is a tremendous program for Negro medical students, internes, nurses and post-graduate and research work for Negro doctors.

While there I visited the pathological laboratory of the Chicago University and saw Dr. Julian Lewis, an exceptionally bright Negro physician, who is assistant pathologist of that university.

Lastly to come nearer home we have only to go to the Harlem Hospital in New York City where seventy-nine Negro physicians are serving in various capacities on the staff; ten on the House Staff, fifty on the Out-patients Staff and nineteen on the Indoor Visiting Staff, the entire staff consisting of one hundred and eighty-two.

With reference to this service Dr. John F. Connors states: "During the past four years since the question of color has been entirely eliminated I cannot see any marked change in the affairs of the hospital. If there be any it is toward an improvement in the interest of the patient which, after all, is the most important duty of a hospital. This could not have been established if the colored doctor had not taken his place with the men on our staff, working as diligently and as effectively as any other member. Insofar as we are able to see, the colored doctor has progressed as far and as rapidly as any other racial group."

Personally I have operated several times in



the Community Hospital of Montclair and once in the Presbyterian Hospital of Newark, and many times in the Newark Post-Graduate Hospital, and I do not recall a single instance where I had personal complaint against the service of any of the white nurses. I have operated in one of the largest white hospitals in Detroit with a young white resident surgeon as my assistant and white nurses in service. Last summer I operated twice in the City Hospital of Indianapolis with a white resident in assistance and white nurses serving. Their service was all that could be expected. When I went to the ward to visit my patients the next day a nurse advised me that it was she who waited on me in the operating room the day previously. She certainly showed no evidence of feeling that she had been dishonored or debased because of it.

The Cook County Hospital of Chicago admits two or three colored internes to its general service.

Dr. Euclid P. Ghee, a young Negro medical graduate, has an assistant attending staff service to one of the hospitals in Jersey City.

Ruth J. Temple, M.D. is on the staff of the White Memorial Hospital in the Child Welfare Department and on the attending staff of the Medical Division of the Los Angeles City Health Department.

Leonard Stovall, M.D., who has been doing special work in tuberculosis for over twelve years was appointed in 1930 to the staff of the general hospital in Los Angeles in the tuberculosis section.

### Conclusion

Our limited general survey tends to substantiate known conditions; viz, that in the country as a whole, hospital facilities for Negroes are very inadequate and that opportunities for hospital training and advancement for Negro physicians are very meagre.

The Negro patients in general receive good care in the wards of the local hospitals, but barring a few exceptions they are not admitted to private and semi-private rooms.

Negro doctors, internes and nurses are pretty generally excluded from the facilities of the existing institutions. Two or three applications for courtesy privileges are now pending. The outcome of these is watched with interest.

Precedents there are in sufficient number to warrant local institutions in going as far as they are inclined to do in granting professional privileges to our group.

For the satisfactory solution of the problem a community hospital that will give unprejudiced facilities to the racial group seems inevitable.

The following two recommendations are made:

"1. That the Committee's activities be continued;

"2. That a technical survey of hospital conditions as affecting the Negro population of Essex County, N.J. be made. In a conversation with Dr. McEachern of the American College of Surgeons he suggested such a survey would cost about \$500.00."

A conference with Dr. Michael Davis, director of Medical activities of the Rosenwald Fund drew from him the tacit understanding that the fund might be willing to cooperate with the proper local agencies and through them make the survey.

Dr. Paul Keller, Medical Director of Beth Israel Hospital in Newark, favors such a survey.

The Essex County Health Council and the County Medical Society are now interested in this matter to the extent that a joint committee has been appointed to consider it. We, with a small committee, by invitation, have been before the Executive Committee of the County Health Council, which visit resulted in the appointment of the above mentioned joint committee.

We have earnestly and diligently sought to find a program that seems reasonable for intra-racial harmony and that at the same time should command interracial support. The following is presented and we move its adoption:

"There is no general formula that will fit all sections and conditions. In the final analysis each section and each community must and will decide for itself what is best.

"But in general for the fifteen per cent of the Negro population north of Mason-Dixon Line, untiring, never ceasing, sane and sensible efforts be made to get representation for qualified members of our group in the existing public hospitals.

"Since such a program will very necessarily be slow, and as an aid to it and to that larger group who will never come directly under its benefits, we recommend that wherever needed hospitals be established, with the basic idea of supplying this deficiency, that they are not to be considered in principle or in practice segregated units for Negroes only, but for any and all peoples who may apply for treatment. Nor should such hospitals be held as excuses for curtailing any privileges which Negro patients and doctors and nurses now enjoy in the existing institutions; nor shall they be used to block any movement for greater racial privileges in other hospitals. They should have mixed boards of white and colored citizens, and a mixed staff of white and colored physicians and surgeons. They should be exponents of true interracial efforts."

The chairman of the committee desires to ex-

press his appreciation for the kindly consideration and very helpful attitude shown by Rev. Edgar Swan Wiers, chairman of the Interracial Committee of Montclair.

Next he is greatly indebted to the Hospital Committee as a whole and to its individual members all of whom have been very cooperative.

The committee extends its thanks to all who have in any way aided it in its task and particularly the seventy-eight out of one hundred physicians in twenty-four different states of the union who answered the questionnaires sent.

On motion of Mr. Ernest S. Suffern, and duly seconded, the recommendations of the committee were unanimously endorsed and a vote of thanks extended to the committee.

Signed,

Dr. L. W. Halsey, Mrs. George E. Bell, Sect'y  
Mr. F. D. Greene, Dr. John A. Kenney, Chr.

Hospital Committee of the Interracial Committee of Montclair.

May 26, 1931.

#### APPENDIX

March 2, 1931.

Copies of letters and questionnaires used in our survey follows:

#### EXHIBIT A

The Inter-racial Committee of Montclair, N.J.,  
Hospital Committee

Dr. L. W. Halsey, Mrs. George E. Bell, Sect'y  
Mr. F. D. Greene, Dr. John A. Kenney, Chr.

Dear Doctor:

We are making a study of the subject of Negro hospitalization. In order that we may have something concrete to aid us in our local and general endeavors, we are desirous of knowing what the hospital situation is in your city. By answering any or all of the questions appended you will be rendering the cause a great service.

Thanking you in advance for this or any other information or suggestions pertinent to the subject of our attention.

Very truly yours,

The Hospital Committee of the  
Inter-Racial Committee of Montclair.  
John A. Kenney, Chairman.

JAK/B

#### EXHIBIT B

The Inter-racial Committee of Montclair, N.J.,  
Hospital Committee

Dr. L. W. Halsey, Mrs. George E. Bell, Sect'y  
Mr. F. D. Greene, Dr. John A. Kenney, Chr.

1. Are there any special arrangements for the hospitalization of the Negro race in your section or community?

2. If so, please detail what they are.

3. If not, are Negroes admitted to the hospitals on the same basis as the whites?

4. Are the existing facilities adequate?

5. To what extent are Negro doctors admitted to public, or municipally owned hospitals for the care of their patients?

6. Are any Negro doctors on the public hospital staffs?

7. Do any of the hospitals admit Negro doctors to their staffs?

8. Do any of them grant courtesy privileges to the Negro doctors?

9. What is the attitude of the Negroes in your community toward race hospitals?

10. Are there any race hospitals in your community?

11. If so, under what auspices are they conducted?

12. To what extent are they supported or patronized by the Negro public?

13. To what extent are they supported or patronized by the Negro doctors?

14. What opportunities are there for training Negro medical internes?

15. What facilities are there for colored young women to fit themselves for the profession of nursing?

16. Are colored nurses employed in the hospitals in your section?

17. To what extent are they employed in the homes? White? Colored?

18. If your hospital facilities are not adequate for the accommodation of Negro patients, doctors, internes, and nurses, what plans are under way to remedy this serious defect?

19. Guided by the sentiment of your locality would you endorse a program of hospital construction for the Negro race, or would you favor efforts to get admission to the existing institutions?

20. If your answer is in favor of Negro hospitals, would you support a mixed staff of white and colored physicians or of colored only?

#### EXHIBIT C

The Inter-racial Committee of Montclair, N.J.,  
Hospital Committee

Dr. L. W. Halsey, Mrs. George E. Bell, Sect'y  
Mr. F. D. Greene, Dr. John A. Kenney, Chr.

April 29, 1931.

Dear Doctor:

You will be interested to know that about fifty per cent (50%) of those to whom we sent our hospital questionnaires have made their replies. This is rather unusual and most encouraging. It shows that the profession is alive to the importance of this particular matter.

To date we have not received yours and we are making this additional request of you to kindly let us have it just as soon as possible in order that we may proceed to tabulate our findings.

Thanking you in advance for your immediate attention to this matter.

Very truly,

John A. Kenney.

JAK/B

#### EXHIBIT D

The Inter-racial Committee of Montclair, N.J.,  
Hospital Committee

Dr. L. W. Halsey, Mrs. George E. Bell, Sect'y  
Mr. F. D. Greene, Dr. John A. Kenney, Chr.  
May 9, 1931.

To the Board of Managers:

Dear Sirs:

In an address at a public meeting of the Inter-racial Committee of Montclair last year the present chairman of the Hospital Committee made the statement that there is no hospital in the State of New Jersey except the Kenney Memorial Hospital, private, where the Negro doctors may treat their patients. Many persons in the audience were surprised and later approached the speaker and asked if it were really true.

This Hospital Committee was appointed to develop the facts concerning Negro hospitalization. To that end the enclosed questionnaire is submitted to you. Will you kindly aid the work of this committee by furnishing the information sought?

The Committee extends, in advance, its thanks to you for your assistance in the matter.

Very truly yours,

John A. Kenney,

Chairman Hospital Committee.

JAK/B

#### EXHIBIT E

A Survey of Facilities in Essex County for Negro Hospitalization.

1. Name of Hospital.
2. Address.
3. Name and title of executive officer.
4. Does your hospital serve Negro patients?
5. Are they admitted to wards?
  - a. To semi-private rooms?
  - b. To private rooms?
6. If admitted are they segregated or are they admitted to your general service the same as other patients?
7. How many beds in your institution?
8. Daily average of patients for 1930.
9. What per cent of these were Negroes?
10. Are Negro doctors admitted to your visiting staff? Courtesy staff?
11. If not, would you consider their admission?

12. Do you admit Negro internes?
13. If not, would you consider their admission?
14. Do you use Negro graduate nurses?
15. Are Negro graduate nurses permitted to serve private patients in your hospital?
16. Have you a nurses' training school?
17. Do you train Negro nurses?
18. If not, would you consider such training and on what basis?
19. Do you consider the existing hospital facilities adequate for Negro patients?
  - a. For Negro doctors?
  - b. For Negro internes?
  - c. For Negro nurses?

20. If not, would you support a program of expansion in your institution giving greater liberality to these groups?

21. Would you endorse and support, morally and financially, either or both, a program for the establishment of a community hospital, primarily for the Negro population, with the idea of giving greater opportunities to Negro physicians, internes and nurses as well as to patients?

Name and title of official answering this questionnaire.

NOTE: If such a hospital is established while its basic idea is for the Negro race it must not be considered a segregated unit for Negroes only, but for any and all peoples who may apply. Nor must it be an excuse for curtailing any privileges which Negro patients and doctors now enjoy in the existing institutions; nor shall it be used to block any movement for greater racial privileges in other hospitals. It should have a mixed Board of white and colored citizens of prominence and a mixed staff of physicians and surgeons. It should be an exponent of true inter-racial enterprise.

#### SUPPLEMENT NO. 1

Dr. L. W. Halsey, a member of the Hospital Committee made investigations in Montclair and the Oranges along the line of a list of questions drawn up and approved by the Committee.

He said, "A brief glance at the general situation regarding inter-racial conditions in Montclair, reveals many interesting phases and opens up a profitable field for our investigations. When your committee, appointed to inquire concerning the privileges enjoyed by the Negro population in our hospitals first met, it was decided to approach the subject by means of a questionnaire. This opened the way for a specific determination of just what our hospital and our town is doing for our colored people. To begin with about 13% of our population belongs to the Negro race, this making a total of 5,500. While they count but

13% in the total population they reach the higher figure of 21% in morbidity and 19½% in mortality."

In answer to the question, What per cent of our criminology is laid to the Negro population? he answered, "diligent search has failed to give any accurate figures in reply to this question. A frank talk with Capt. Claren at the police station reveals to me that they only have now and then trouble of any serious nature with the colored in the town."

"In our public schools there are 7173 pupils of which 9.9% are colored, a proportion only about 3 1-10% less than that of the total colored people in the town, an interesting and significant pointer in the race problem."

He found from his investigations that the hospital facilities for the colored people in this section are adequate to the demand in the existing hospitals insofar as the admittance and treatment of Negro patients in the wards go. He does not find, however, that the facilities for colored patients in semi-private and private rooms are adequate and that no provisions up to the present has been made for colored girls receiving training as nurses nor are colored practitioners of medicine admitted to the staffs of the hospitals to practice upon their patients.

In conclusion he says, "The real problem confronting us is what should be done to further the interest of those who desire and are able to pay for services in a private or semi-private room? Furthermore, a question not yet settled or even approached, should the way be opened and if so how and when for Negro physicians to treat their own patients in our existing institutions and also the wisdom and justice of having some of them represented on the out-patient or senior staff. Again, would it be wise to take up the question whether colored pupil nurses might have the way opened for training in some of our hospitals? That the conditions regarding these latter points rest less with the physicians and the governing boards of the hospitals than it does with the general population of the town, I believe to be a fact. To open the rooms for private patients and the staff to membership of the colored physician would likely to be less criticized by the physicians themselves than it would be by the people who use and support the hospitals."

#### SUPPLEMENT NO. 2

Mr. F. D. Greene, a member of our Hospital Committee, made investigations concerning Negro patients and Negro doctors in the New York Hospitals and reports the following findings: "In Harlem, July 1930, there were 136 Negro doctors, 100 dentists and 300 nurses. As far as

dispensary and ward patients are concerned, Negroes have no complaint to make regarding either the municipal or non-municipal hospitals of New York City. They are received as readily as any other patients, on the same basis, and receive the same accommodations and professional care.

Negro private patients, however, if they wish to be treated by their own Negro doctors, can find admission at only three of the less important hospitals, Broad Street, Community, and St. Francis. Dr. Murray said that quite a number of other good hospitals would admit Negro patients if sent in by white doctors.

"There are three small, poorly-equipped hospitals maintained by Negro doctors: Dr. Wilson's, eight beds; The Edgecombe, fifteen beds, and International, fifty beds. None have laboratories and only the International has X-ray.

"As to professional opportunities—all the medical schools will admit Negroes, but only about one in each class. The only opportunities for Negro internships are in the municipal hospitals. This is probably due to the fact that there are over 250,000 Negroes in New York and their votes have political significance.

"Harlem Hospital, 346 beds, has 90% colored patients; house staff 10 out of 27, colored; out-patient staff 50 out of 109, colored; indoor visiting staff, 19 out of 46, colored. Dr. John F. Connors, Surgical Director, says, 'After four years the hospital work has improved, is harmonious, and the colored doctors have worked as diligently and effectively as any on the staff. Appointment of Negroes on the staff led to a large increase in Negro outpatients.'

"Negro doctors and their status in the Negro community are handicapped by

"1. Lack of hospital facilities for their own development and efficiency.

"2. Lack of hospital facilities for treating their patients.

"3. Lack of hospital facilities and connections to increase their prestige in the Negro community.

"As a matter of justice to the doctor, humanity to the patient, and public policy in the interest of the whole community, colored and white, whose health interests are inseparable, no racial discrimination should impede the most rapid progress of Negro doctors.

"Dr. Corwin said the Rosenwald Foundation had offered to finance a study of Negro hospital and health problems in the Harlem district, by the Hospital Information Bureau of the United Hospital Fund. A group of Negro doctors, however, had strongly opposed such a move as tending to strengthen the idea that Negro Health

was a problem by itself and should be worked out through the special facilities for Negroes. They claim that it is better for the Negroes in the

long run to struggle for a place in the regular existing institutions, though recognition may be slow."

## NEUROPSYCHIATRY IN THE PRACTICE OF MEDICINE AND SURGERY\*

By PRINCE P. BARKER, M.D.

United States Veterans' Hospital, Tuskegee, Ala.

Progress of medicine in recent years has been characterized conspicuously by the definite interest shown in the neuropsychiatric aspects of all illnesses—those essentially neuropsychiatric and those in which the physical factors predominate. No department of medicine or surgery today escapes this influence. The study of frank neurological or mental cases, belonging properly in the field of the specialist, has led to the development of neurology and psychiatry which today occupy a definite place in the medical curriculum and the practice of the profession. These conditions are of no concern to the practitioner of medicine and surgery save as he reflects, while making a tour of a mental sanatorium or seeing the end results of paralytic syndromes and the chronic psychoses, that something could have been done for these disorders if they had been recognized at their onset.

Practitioners of medicine and surgery are concerned, however, with the second group of cases: those in which physical and mental factors combine to produce disease. The academic discussion of previous centuries on the connections between and relative importance of body and mind has yielded to clinical experience which teaches that bodily and mental states are closely interdependent. Physical symptoms can be produced by purely psychic causes. The psychoneurotic patient in his complaints of headache, backache, loss of appetite, insomnia, irritability, nervousness and numerous other symptoms, is really erecting a smoke screen behind which he hides the true psychic or emotional origin of his complaints.

The multiplicity and variety of symptoms produced by the psychogenic disorders, their conversion manifestations, as for example, psychogenic paralysis, compel consideration in differential diagnosis in medicine and surgery. The symptoms and signs of hysteria read like an encyclopedia of medicine and surgery. The experience of the war has shown its wide distribution, especially the increased incidence among males. In

the varied and disseminated clinical pictures of which it is capable hysteria does not suffer by comparison with the two organic diseases that are notable for their protean characteristics—namely, syphilis and multiple sclerosis. It is co-equal in importance with syphilis as imitator of other diseases. In brief, hysteria and the other psychoneuroses frequently obscure an otherwise clear diagnostic picture.

It is of considerable importance that the true significance of these symptoms be recognized early and the patient not be treated for a non-existent physical disorder. Frequently, on a basis of actual physical disease, the patient, for reasons peculiar to the individual, builds a psychoneurotic super-structure and develops a multiplicity of symptoms out of all proportion to the organic pathology. The presence of the two conditions should be recognized and their relative importance evaluated.

One is surprised by the statistics of Brown<sup>1</sup> showing the prevalence of mental illness in the United States. This author reports that during 1928, 52 per cent of patients in institutions were treated for nervous and mental diseases; that the increase of patients in nervous and mental hospitals was almost twice as much as the increase of patients in general hospitals. It is interesting to note that one out of every 171 persons in the United States was a patient in some hospital during 1928; one out of 500 was a patient in a general hospital; one out of 2,406 was in a hospital for tuberculosis; and one out of 325 was in a hospital for nervous and mental disorders. These figures, impressive as they are, do not tell the whole story. They embrace only those cases of mental disorder so pronounced as to require hospitalization. Many mis-diagnosed psychoneurotic disorders, the milder psychoneurotic manifestations which do not seriously impair adjustment in society as well as large numbers of gross mental disorders in their incipiency, elude the statistician.

The prevalence of mental disease is related directly to the extent of disabling physical illness which, for the United States, has been estimated

\* From the Neuropsychiatric Service, United States Veterans' Hospital, Tuskegee, Ala. Read before the John A. Andrew Clinical Society, Tuskegee Institute, Tuskegee, Ala., April 7, 1930.